

NEWS WOMEN IN NEUROSURGERY



President's Message: Rescue Heroes

WINS is pleased to provide you with the following free self-assessment questionnaire. Select one answer to each question. There are no right or wrong answers, and all results will be kept strictly confidential in accordance with HICCUP (Health Information, Conscience, and Culpability for Underdogs Proclamation).

1 *The room is dark, cool, and quiet. All attention is focused on a two inch circle of light beaming deep into the brain, bold neurosurgical eyes and hands meticulously dissect tumor away from the brainstem and cranial nerves. Hour by hour, with sub-millimeter precision and extreme confidence, the team delivers: Little soft reddish gray thing in a plastic cup. Inside? Just a clean dent there – where the tumor used to be. At the end of the case, just as your fingers close around the OR door handle, the signals from your bladder reach your brain and you realize you haven't peed in twelve hours. You:*

- a) Master all bodily functions until after you complete orders and dictation.
- b) Saunter over to the scrub sink.
- c) Sprint to the nearest restroom.
- d) Congratulate yourself on placing a personal Foley preoperatively.

2 *A short time later, you join your patient and your senior colleague in the ICU. The patient looks terrific." You know, your colleague says, when I was your age, we would have no more operated on that part of the brain than we would have walked through the shopping mall naked." You:*

- a) Warn him the comment is grounds for a sexual harassment complaint.
- b) Plot a nude stroll through the mall on your next trip out of town.
- c) Bask in the recognition of your surgical gifts and the compliment.
- d) Grin a little at the mental images this comment evokes.



Denise Crute, M.D., F.A.C.S.
WINS President

3 *You go to talk with the family. There are thirty or forty of them, only two of whom you've met before. The atmosphere is tense, amplified by ethanol, nicotine, and other abused substances. You:*

- a) Authoritatively launch into a technical description of the surgery and the statistical probability of various outcomes.
- b) Emphasize the phenomenal difficulty of the case and the slim chance of survival even after a valiant effort.
- c) Smile reassurance while trying to read the crowd, and tell them all went very well, but that it is still too early to tell what will happen.
- d) Wonder out loud if you should have chosen a different approach or used a newer technique or more modern equipment.

4 *As you finish up and turn to go, a big, hostile young man steps forward, far too close. Glaring down at you, he sneers, "I thought the doctor was gonna come talk to us. You:*

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Vickie Falcone
at 2003 CNS:
Connect!

WINS
MISSION

To inspire,
encourage,
and enable
women surgeons
to realize their
professional and
personal goals.

Global perspectives in neurosurgery

Iranian Women in Neurosurgery



Samira Zabihiyan, MD

*Assistant Professor,
Mashhad University
of Medical Sciences,
Mashhad, Iran*

The vast majority of women surgeons in Iran specialize in Obstetrics and Gynecology. There are only 17 women in neurosurgery in Iran, including undergraduate and postgraduate positions. The first Iranian woman neurosurgeon graduated twenty years ago. Until very recently, no other Iranian women pursued neurosurgical careers. Now there are four board certified women in neurosurgery

*We learn how
to use our
mistakes as
stepping-
stones.*

in Iran, with two holding academic positions. Lack of neurosurgery fellowship programs in Iran and difficulties attending international programs have been the greatest obstacles to Iranian women interested in careers in neurosurgery.

My university, Mashhad University, was one of the first to support women surgeons, and supports my current fellowship in cerebrovascular surgery at the Barrow Neurological Institute in Phoenix, Arizona. Another of my colleagues specializes in pediatric neurosurgery with great success.

Iranian women neurosurgeons encounter many problems, as do all pioneers, but we stand, we grow, and we do a lot with a little. We learn how to use our mistakes as stepping-stones. We connect with our patients and our community by working hard with higher responsibility. We start a new way for our country, realizing the potential of all neurosurgeons, regardless of gender. Now we focus on the future: raising and upholding the standard of care for our patients, our community, our nation, and maybe our world.

Just A Neurosurgeon!

If I had been born a man I would not have become a neurosurgeon. The first born male of my family was designated for continuing the trade business of my father. My family did not consider me for that job because of my gender, thus my gender was the real cause of my freedom in choosing my profession.

I decided to become a neurosurgeon when I was fourteen, after my sister died because of hydrocephalus following meningitis. During her long and painful disease, I met Professor Sergio Briani, Chief of the Neurosurgical Department of Florence, who a few years later would become my teacher in neurosurgery. I never changed my mind about becoming a neurosurgeon and I started the University

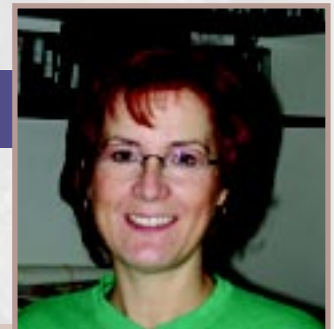
Medical School. Then, I pursued my training in neurosurgery in Florence, under the leadership of Professor Briani, who offered equal training and career opportunities to all medical doctors attending his department, regardless of their gender. I am deeply indebted to this great teacher not only because he evaluated my possibilities and performances without any discrimination but also because he induced and required the same unprejudiced attitude from all his other coworkers. Since then, I have been regarded simply as a neurosurgeon not as a woman doing neurosurgery!

As a consequence of this training, I faced my work with the belief that I should have the same opportunities

in operating room time, salary and career that all my colleagues had.

At the same time, I have had a pretty normal personal life. I created my own family and I have a wonderful daughter, who has been and still is my strenuous supporter. Of course, I have had to spend lots of energy in both my professional and family life, trying to maintain the correct balance. I believe I did a good job because my family and my colleagues never asked me to change anything.

Certainly I was lucky because even today it is not common to find unprejudiced teachers, chiefs and colleagues as I did, it's uncommon but not impossible; something is evolving and women have to be ready for favourable changes.



Lucia Benvenuti, MD

Neurosurgeon, Livorno, Italy

With my 30 years of experience and thousands of procedures, covering all fields of neurosurgery, I wish to encourage all young women approaching neurosurgery to engage themselves in this way, because success is always possible. They have just to look for unprejudiced chiefs (they exist!), believe in what they are doing, put the same enthusiasm in easy and hard tasks and last, but not least, consider themselves and expect to be considered just a neurosurgeon!

Greg Mortenson: Three Cups of Tea

*WINS Reception ~ Peabody Orlando Hotel
Tuesday, May 4, 2004 5:30 pm to 7:00 pm*

The WINS reception held in conjunction with the American Association of Neurological Surgeons Annual Meeting in Orlando will feature Greg Mortenson, founder of Bozeman, Montana-based nonprofit Central Asia Institute (CAI).

Through insightful commentary and stunning photography, Mortenson will present an inspiring slide show, "Three Cups of Tea" as the Ruth Kerr Jacoby lecturer. WINS gratefully acknowledges Leica's generous support of this event.



For eleven years, since a 1993 climb on Pakistan's treacherous K2 (world's second highest mountain), Mortenson has devoted his life to establishing education for girls in remote, often volatile regions of Pakistan and Afghanistan. He recently returned from a trip there and will describe what he witnessed on the ground and the impact of the war on terror.

Through CAI (www.ikat.org), Mortenson has started 39 schools, supporting over 10,000 children, with a special emphasis on girls' education. Mortenson is often the only foreigner to work extensively in

some areas he frequents, which are often volatile and dangerous to outsiders. Due to his years of establishing relationships there, Mortenson is one of few Americans who is revered and respected by hardened Islamic mullahs, military commanders, tribal chiefs and elders and tens of thousands of villagers.

"Actions speak louder than talk in this part of the world, and political rhetoric on Capitol Hill means nothing here", says Mortenson. "It takes three cups of tea to do business here (Afghanistan and Pakistan): the first cup - you are a stranger, the second cup - you become a friend, and by the third cup - you become family, but the process takes several years. In America, we have thirty-minute power lunches, two-minute football drills and shock and awe, which does not work overseas."

Mortenson, 46, says it is especially important to educate girls in Islamic countries like Pakistan and Afghanistan, "You can hand out condoms, build roads, put in electricity or drop bombs, but until the girls are educated, a society will not change."

Numerous global studies show that educating girls reduces infant mortality, levels off the population explosion, and dramatically improves the quality of health and life itself. "Most important", says Mortenson, "is that the intrinsic value of education is instilled in her own



community when a literate girl becomes a mother."

Last year, less than half of the approximate US funds allocated and appropriated for Afghanistan were ever sent there. Mortenson says that he has met hundreds of Afghan teachers who are underpaid or worked without pay. In the meantime, this year's 4,200 ton bumper crop of opium now being harvested, sells for \$ 500 per kg., helps rural warlords stay in power, and funds the Taliban resurgence.

Mortenson, a US Army veteran says, "It is ironic that terrorist groups recognize the intrinsic 'value' of a fundamentalist education and radical ideology

and universities, churches, outdoor groups, women's organizations, business and civic groups.

Despite being reserved, he says he is compelled to talk to the public, "as I have two young children who I hope to leave a legacy of peace, and as adults we have failed significantly to create a world where we live in harmony."

Since 9/11, Mortenson has received numerous awards including American Alpine Club's David Brower conservation award; a 2002 Congressional Leadership Award; 2002 "Peacemaker Award" from the Bozeman community mediation

You can hand out condoms, build roads, put in electricity or drop bombs, but until the girls are educated, a society will not change.



as a vital tool to indoctrinate recruits, while the west has significantly failed to appreciate the affirmative power of secular education, especially of girls, as a solution to combat terror," says Mortenson.

Although Mortenson says he's "a rather shy person," since 9/11, he has spoken at over 200 venues, including at the Pentagon, DC think tanks, on Capitol Hill, and packed audiences at dozens of schools

center; 2003 Vincent Lombardi Champion Award for international service; CLIMBING magazine's 2003 "Golden Piton Award" for humanitarian efforts; 2003 Outdoor magazine "Outdoor Person of the Year"; and this year's prestigious Freedom Forum "Free Spirit Award", for which he received \$100,000 to help his efforts to build girls' schools in Afghanistan and Pakistan.

2004 AANS Annual Meeting

WINS Highlights

Saturday, May 1

006 – 8:00 AM - 12:00 PM

Practical and Technical Aspects of Transsphenoidal Surgery

Co-Directors:

William T. Couldwell

Gail L. Rosseau

Faculty:

Warren R. Selman

Hae-Dong Jho

Basant Kumar Misra

Abdeslam El Khamlichi

Daniel F. Kelly

Alex M. Landolt

Armando Basso

Paolo Cappabianca

Jonas M. Sheehan

Martin H. Weiss

008 – 8:00 AM - 5:00 PM

Contemporary Management of Movement Disorders

Director:

Ali R. Rezai

Faculty:

Ron Alterman

Roy Bakay

Nicholas Boulis

Christopher Duma

Robert Gross

Jaimie Henderson

Andres Lozano

Joshua Rosenow

Ashwini Sharan

Richard Simpson

Phillip Starr

Robert Wharen, Jr.

019 – 1:00 PM - 5 PM

Hands-On Peripheral Nerve of the Upper Extremities

Co-Directors:

Kimberly S. Harbaugh

Eric L. Zager

Faculty:

Robert L. Tiel

Allan H. Friedman

David G. Kline

John E. McGillicuddy

Rajiv Midha

Robert J. Spinner

Sunday, May 2

023 – 8:00 AM - 12:00 PM

Anterior Lateral Approaches to Skull Base

Co-Directors:

Gail L. Rosseau

William T. Couldwell

Faculty:

Harry R. Van Loveren

Helmut Bertalanffy

Anil Nanda

Ossama Al-Mefty

Felix A. Durity

Chandranath Sen

Apio Claudio Antunes

H. Alan Crockard

Abdeslam El Khamlichi

030 – 8:00 AM - 12:00 PM

Advanced Leadership Skills

Co-Directors:

Edie E. Zusman

Deborah L. Benzil

Faculty:

Arthur L. Day

James A. Farrell

Carol Aschenbrener

James I. Ausman

Debra R. Mills

This clinic will address advanced leadership neurosurgery practice skills necessary to maneuver within the changing economic and political arena.

033 – 8:00 AM - 5:00 PM

Head Trauma: Current Treatments and Controversies with Hands-On Practical Session in Brain Monitoring and Techniques

Co-Directors:

Domenic P. Esposito

Shelly D. Timmons

Geoffrey T. Manley

Faculty:

Thomas E. Hoyt

Alex B. Valadka

Julian E. Bailes

039 – 1:00 PM - 5:00 PM

Practice Paradigms in Neurosurgery

Director:

Leonard J. Cerullo

Faculty:

Michael Gilligan

Catherine Gilmore-Lawless

Julius M. Goodman

Douglas S. Kondziolka

Gregory B. Lanford

David Rothbart

040 – 1:00 PM - 5:00 PM

Non-Invasive Preoperative and Intraoperative Brain Mapping

Director:

Isabelle M. Germano

Faculty:

Gene H. Barnett

Rudolph Fahlbusch

Mitchel S. Berger

Michael Schulder

William D. Tobler

Monday, May 3

106 – 7:30 AM - 9:30 AM

Functional Mapping of the Cerebral Cortex:

Advantages and Limitations

Moderator:

Isabelle M. Germano

Panelists:

G. Rees Cosgrove

Randy Lynn Jensen

George A. Ojemann

Tuesday, May 4

207 – 7:30 AM - 9:30 AM

Current Indications and Techniques of Lumbar Interbody Fusion

Moderator:

Peter M. Klara

Panelists:

Kenneth S. Yonemura

Catherine J. Gallo

Joseph C. Cauthen

Sang Ho Lee

Advancing Patient Care Through Technology and Creativity

WINS Highlights

Tuesday, May 4

210 - 7:30 AM - 9:30 AM

Pituitary Tumors: State-of-the-Art

Moderator:

Gail L. Rosseau

Panelists:

William T. Couldwell

Rudolph Fahlbusch

Martin H. Weiss

Daniel F. Kelly

215 - 7:30 AM - 9:30 AM

Syringomyelia: Understanding Pathophysiology and Treatment Approaches

Moderator:

Thomas H. Milhorat

Panelists:

Richard G. Ellenbogen

Ulrich Batzdorf

Karin M. Muraszko

217 - 7:30 AM - 9:30 AM

Neurosurgical Management of Intractable Pain: Techniques and Outcomes

Moderator:

Kenneth A. Follett

Panelists:

Giovanni Broggi

Marc P. Sindou

Nicholas M. Barbaro

Jaimie M. Henderson

218 - 7:30 AM - 9:30 AM

State-of-the-Art Treatments for Low Grade Gliomas

Moderator:

Joseph M. Piepmeier

Panelists:

James T. Rutka

Saleem I. Abdulrauf

Roberta P. Glick

Wednesday, May 5

302 - 7:30 AM - 9:30 AM

Management and Treatment of Traumatic Spinal Cord Injury

Moderator:

Charles H. Tator

Panelists:

Beverly C. Walters

Hiroshi Nakagawa

303 - 7:30 AM - 9:30 AM

Surgical Strategies and Approaches to the Anterior Skull Base

Moderator:

William T. Couldwell

Panelists:

Gail L. Rosseau

Jon H. Robertson

Chandranath Sen

308 - 7:30 AM - 9:30 AM

Epilepsy: Surgical Treatment and Management Approaches

Moderator:

Richard W. Byrne

Panelists:

Edie E. Zusman

David W. Roberts

Itzhak Fried

Maureen Callahan

310 - 7:30 AM - 9:30 AM

Current Treatments for Lumbar Stenosis

Moderator:

Richard G. Fessler

Panelists:

Daria D. Schooler

David L. Kelly, Jr.

John A. Jane, Sr.

311 - 7:30 AM - 9:30 AM

Pediatric Head Injury: Avoid Common Pitfalls

Moderator:

Thomas G. Luerksen

Panelists:

Ann-Christine Duhaime

David M. Frim

Stephanie L. Einhaus

312 - 7:30 AM - 9:30 AM

Evaluation and Management of Peripheral Nerve Entrapment Syndromes

Moderator:

David G. Kline

Panelists:

Hans-Peter Richter

Deborah L. Benzil

Annie Dubuisson

316 - 7:30 AM - 9:30 AM

Perioperative Management of Subarachnoid Hemorrhage Improve Post Operative Outcomes

Moderator:

Neil A. Martin

Panelist:

Yoko Kato

324 - 7:30 AM - 9:30 AM

Evidence Based Medicine and Outcomes Studies — The Design of a Clinical Study

Moderator:

Stephen J. Haines

Panelists:

Hugh J. L. Garton

Frederick G. Barker, II

Beverly C. Walters

Thursday, May 6

403 - 7:30 AM - 9:30 AM

Tumor Case Presentations

Moderator:

Isabelle M. Germano

Panelists:

Michelle Berger

Maciej S. Lesniak

James T. Rutka

William T. Couldwell

WINS Reception

Tuesday, May 4, 2004 • 5:30 pm to 7:00 pm
Featuring Greg Mortenson



Beverly Walters, MD ~
Director of Fall 2003 Leadership Course



Roberta Bondar, MD, PhD ~ *The more challenges you face, the better you are ... you learn every time you do something.*



Janet Bickel ~
The more resources you have, the more you have to confer.



Susan Johnson, MD ~
Replicate the efficiency with which you work the day before vacation.

Heroes, Role Models and Mentors

Deborah L. Benzil M.D. and Arlene Simon, M.A.
*Department of Neurosurgery,
New York Medical College, Valhalla, New York*

Who are your heroes? Most people can readily answer this question. Perhaps we have doted on a sports hero (Cal Ripken, Mia Hamm, Lance Armstrong), an astronaut (John Glenn, Roberta Bondar) or a pioneer (Marie Curie, George Washington). Heroes are usually people we know from afar, perhaps even from a different era who inspire us with their great feats of accomplishment, intelligence or bravery. We don't have to like all things about a hero, we can honor them for a singular accomplishment. Heroes play a minimal role in professional development. They may serve as inspiration for career interest or choice but otherwise are unlikely to directly shape a career.

Who are your role models? As neurosurgeons, we may identify with one of our early teachers. Heroes and role models are important for motivation. They help create what Roberta Bondar (recent CNS Dandy orator, astronaut, physician, and photographer) would call our passion and dreams. They set the bar of accomplishment high and give us lofty goals. Professionals, in particular, desire to reach an apex of achievement so others will look to them as role models.

Neurosurgery is replete with heroes as evidenced by the names of its organizations (Cushing Society), surgical procedures (Janetta, Smith-Robinson), and instruments (Dandy clamps, Penfield dissectors). This small subspecialty is also not short on role models; nearly every resident can name a chief or senior resident whose footsteps were followed or a chairman that inspired. However, in the 21st century, neurosurgical education requires us to move beyond heroes and role models, from residency as apprenticeship to residency training as mentorship.

Mentor, recalled by Homer as the "wise and trusted counselor," took care of the household while Odysseus was off fighting the Trojan Wars. The importance

of Mentor is emphasized by the tales of Athena assuming his persona to influence Telemachus, the son of Odysseus. From this ancient concept, modern organized mentoring has grown into an essential practice within many professional groups such as teachers, business executives, and more recently medicine. Understanding the differences between mentor, heroes, and role models, or between apprenticeship and mentorship is key to appreciating why the time for neurosurgery to embrace mentors and mentorships is now.

In an apprenticeship, the apprentice is to be trained to be like and as good as the teacher. The goal of a mentorship is to help the mentee become as good as they can be in the goals they develop for themselves. In this setting, the job of the mentor is to facilitate and steer that process using experience, contacts and critical assessment tools. A great mentor is easy to approach and makes themselves available. They will use and share experience and expertise as good listeners, observers and problem-solvers. Inherent within the concept of mentorship is that the relationship develops with some degree of choice. Traditionally, mentors were chosen informally by individuals based on mutual respect, trust, understanding and empathy. Even when there is less choice, optimal mentoring facilitates two-way communication and interaction. Mentoring offers significant benefits to both parties which should result in continual evolution of the relationship. Perhaps the success of mentoring can be appreciated most from how much benefit each party stands to gain.

Women in neurosurgery may still have issues with heroes,

role models and mentors. The easiest for these women to find is probably heroes, as many individuals may represent some ideal to which all trainees aspire. The accomplishments of Cushing, Dandy, Penfield, to name a few can readily be admired by a wide audience. For women in training, finding role models may be more difficult. To fulfill this role, an individual must have personal as well as professional qualities that appeal to the female resident. While it is possible that male neurosurgeons can serve as role models, it is likely that personal issues could preclude this. Finding suitable role models outside of neurosurgery could prove equally challenging. There remain few women in any surgical subspecialty, particularly those with the rigorous training and stress of practice required in neurosurgery.

Mentoring, however, should be more universal. While it does require mutual respect and two-way communication, this doesn't preclude successful mentoring of women by men. In fact, studies have shown that race, ethnicity, and sex need not be determining factors in a successful mentoring program, only that good mentors be aware of their possible limitations in these areas and make appropriate referrals to other available resources when necessary, a process practiced every day by neurosurgeons within our medical practice. Women residents and junior faculty may find great satisfaction in actively seeking a mentor and developing a lasting mentoring interaction. The benefits of such a relationship should enhance learning, career development and advancement, and quality of experience. Perhaps, it will even lead to a life-long friendship.

President's Message: Rescue Heroes

Continued from page 1

- a) Telephone security to immediately remove the insolent giant from the premises.
- b) Give him a withering look and in a steely voice reply, "I AM the doctor."
- c) Smile softly, extend your hand, and introduce yourself, apologizing for not having done so earlier.
- d) Head back to the unit to see if your senior colleague is still there and will come pacify this jerk.

5 After completing evening rounds clearing a space on your desk, returning calls, and checking tomorrow's schedule, you go home and fall asleep. At 03:42 you are awakened by the ICU nurse. "What?" you ask. "Something is wrong with your postop patient," the nurse says. You ask about vitals and neurologic status. All is well. The nurse reiterates, "I don't know what's wrong, doctor, but he just doesn't look good to me...."

- a) You scold the nurse for waking you for nothing, hang up and go back to sleep.
- b) You order a stat CT and a panel of extra labs, and try to get back to sleep.
- c) After staring into darkness for a few beats, you tell the nurse you are on your way.
- d) You ask the nurse to call back with objective deterioration, then lie awake.

6 At 04:03 you receive another call from the ICU. Your patient has arrested. Prolonged and extensive emergency resuscitation efforts fail. Autopsy reveals a massive pulmonary embolus. You:

- a) Resolve to place a vena cava filter preoperatively on every future elective case expected to last more than 5 hours.
- b) Conduct a record review, document responsibility, and assign blame.
- c) Make a point to send the family a sympathy card and attend funeral services.
- d) Conduct a record review and literature search to see what you might have done differently to prevent future such adverse outcomes.

All of us have felt it: that incredible elation that comes, sometimes moments, sometimes days or months after, when it is clear we have saved a life. Sometimes others recognize and acknowledge the fact, other times only we *really* know. Then there's the flip side: that horrible

sinking sadness when the operation fails, or worse, when the operation goes well but the patient still does badly. As much as we like to pretend otherwise, there are many things in neurosurgery we cannot control.

"I can fix this," we say to our patients, our referral sources, and the media. After all, part of our job is to "raise the bar." The catch in raising the bar, of course, is that sometimes we trip on it. By shouldering responsibility and acting while others stand, slack-jawed, we often come to own the problems we treat – like the rescue hero who gets blamed for erupting volcanoes and tidal waves because she always shows up when they happen. This ownership becomes especially burdensome when problems result from human ignorance, malice, mistakes or negligence.

When my favorite trauma surgeon greets me in the ER with "Hey, Lifeguard!" in reference to the "Lifeguard at the shallow end of the gene pool" joke, I know up front the injury resulted from a particularly stupid event. Most of us take this conundrum of being a "human barrier to natural selection" in stride and focus on the latest technology, the strongest effort, and the best treatment. Some of us, however, have chosen to limit or abandon practice as a definitive answer to situations where liability is enormous and rewards are miniscule. There may be a better answer.

I began thinking this after tabulating answers to a verbal questionnaire that we administer to new patients in our general neurosurgery practice. We started the quiz recently in an attempt to incorporate personality, psychosocial, and attitudinal factors into surgical risk assessment. We hoped to identify "difficult patients" early on, thereby avoiding operating on them or preparing for a "rough ride" if we did. I can already correlate certain answers to this quiz with increased risk just as surely as a three-pack-a-day smoking habit.

One question turned the tables. That question is: "Do you expect to be cured?" By asking this question, I *expected* to compare the patient's answer with the scientific answer, according to problem, and identify patients with unrealistic expectations. What I wasn't

prepared for? *Virtually everyone says, "Yes."*

So perhaps the WINS rescue hero-profile quiz should include a mirror and some additional questions, such as:

7. If a patient expects to be cured through neurosurgical intervention and has a complication, is it logical for that patient to assume that something was done wrong?
8. In our quest to advance neurosurgical care, have we unwittingly blurred the distinction between "available to" and "entitled to"?
9. Do we so often achieve the fantastic that people come to expect miracles?
10. Where did anyone ever get the idea that any neurosurgical problem could ever really be cured?

Maybe the profile we show others affects their risk...and our own. Look in the mirror. Take the quiz. Our patients are keeping score.

Key: a= 4, b= 3, c= 2, d=1. Total points from each question and divide by 6 for your score, rounding to the next single digit. Find your personal rescue hero profile below.

1= Dr. Ali Hazisskil: Thoughtful, sensitive, and gifted, Dr Hazisskil is the strategic planner for the group. His openness to criticism and desire for perfection sometimes inspire little confidence.

2= Dr. Sarah Belair-Savant: Perceptive, intuitive, and balanced. Dr. Belair-Savant is the disarmament expert and spokesperson for the group. She sometimes takes on more than she can handle well, and has the scars to prove it.

3= Dr. Dan D. Hands: Playful, charming, and authoritative, Dr. Hands is a natural leader with good clinical judgment, which he doesn't always use, and tremendous political savvy, which he must use regularly to avoid trouble.

4= Dr. Gail Forss: Commanding and decisive, alpha-Dr. Forss believes in fact-based action. She tolerates no nonsense, but sometimes makes decisions based on too little information.



American
Association of
Neurological
Surgeons



AANS/CNS

Women in Neurosurgery
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Rolling Meadows, IL 60008



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The WINS 2003 Alexa Canady Reception: **Connect!** Featured Author **Vickie Falcone**

Holly Gilmer-Hill, MD



**Author
Vickie Falcone**

The WINS reception held in conjunction with the Congress of Neurological Surgeons Annual Meeting, in Denver, Colorado on October 21, 2003, was entitled "How to Create More Balance and Peace at Work: Connect!" Vickie Falcone, corporate and police trainer and author, was the Alexa Canady lecturer at the meeting. A diverse crowd was inspired and empowered by Ms. Falcone, who presented strategies for minimizing challenges, maximizing cooperation, and creating more peaceful and effective interactions at home and work. Her advice was particularly applicable to clinical situations we face every day as neurosurgeons, eliciting cooperation from

difficult patients and families. She also offered advice on changing the adversarial interactions neurosurgeons often face with staff, administrators and other practitioners into more advantageous, "win-win" situations.

The audience readily identified with her true-life medical, administrative, and corporate scenarios. Author of **Parenting with Soul** course and **Buddha Never Raised Kids and Jesus Didn't Drive Carpool**, Ms. Falcone is known for her humorous and practical counsel to parents. As most neurosurgeons today are parents juggling family and career responsibilities, her advice and scenarios in

this arena were also well-received.

Members of the audience were shown how to better understand the emotional needs of their patients as well as their peers; how to increase cooperation by connecting more and talking less; and how to connect in our interactions empathetically, on a high level, while still functioning efficiently in a fast-paced, critical, high-pressure neurosurgical practice.

As we are barraged daily by stories of domestic, local, and international conflict, we may use insights such as these to increase more peaceful interactions in our homes, our practices, and in our world.